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☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2022

Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to *www.irs.gov/Form1095C* for instructions and the latest information.

Part I Employee				**Applicable Large Employer Member (Employer)**	

Part I Employee

1 Name of employee (first name, middle initial, last name)
Tusar | R | Mohanty

2 Social security number (SSN)
***-**-7871

3 Street address (including apartment no.)
3436 S 113th St, Apt 2

4 City or town
West Allis

5 State or province
WI

6 Country and ZIP or foreign postal code
US 53227

Applicable Large Employer Member (Employer)

7 Name of employer
MILWAUKEE ELECTRIC TOOL CORP

8 Employer identification number (EIN)
13-3366161

9 Street address (including room or suite no.)
13135 W. Lisbon Road

10 Contact telephone number
410-591-1909

11 City or town
Milwaukee

12 State or province
WI

13 Country and ZIP or foreign postal code
US 53005

Part II Employee Offer of Coverage   Employee's Age on January 1 27   **Plan Start Month** (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1H												
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2B	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A

17 ZIP Code

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

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Part III   Covered Individuals   If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.   ☒

(a) Name of covered individual(s) First name, middle initial, last name			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 Tusar	R	Mohanty	***-**-7871		☐	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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25					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
27					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
28					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
29					☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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